FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	ORGANI	ZATION		
i Oitiii i	(See instru	uctions)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	
Crawford for 0	Congress			
ADDRESS (number and	street) PO Box 16956			
(Check if address is changed)	s			
	Jonesboro		AR	72403   -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only on	ne e-mail address)		
(Check if address X is changed)	s jonah@meetricko	crawford.com		
			111111	11111111
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)	s			
2. DATE 0.1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00462374		
4. IS THIS STATEM	MENT NEW (N)	R X AMENDED (	Δ)	
4. IO THIO OTATEM	THE THE TYPE (IV)	TWILITED (	, v	
Logrify that I have exam	ined this Statement and to the best of my	knowledge and helief it is true con	rect and complete	
roctilly that mave exam	med this statement and to the best of my	Triowiedge and belief it is true, cor	real and complete	
Type or Print Name of	Treasurer Matthew Knig	yht		
Signature of Treasure	Electronically Filed by <b>Matthe</b>	ew Knight	_ Date 10	/ D D D / Y Y O 1 O
NOTE: Submission of fa	alse, erroneous, or incomplete information		·	
	ANY CHANGE IN INFOR	MATION SHOULD BE REPOR	IED WITHIN 10 DAY	S
Office Use Only		For further inform Federal Election Co Toll Free 800-424-5	mmission	FEC FORM 1 (Revised 02/2009)